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CHAPTER 11

BLOODBORNE PATHOGENS

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11 BLOODBORNE PATHOGENS

11.1 INTRODUCTION

A. Scope

Bloodborne pathogens are considered a potential health hazard when an employee is exposed to human body fluids that may contain hepatitis B virus (HBV), and human immunodeficiency virus (HIV). Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

The background for this section is from the 29th Code of Federal Registry, 1910.1030. It is the intention of this section to cover general requirements for county employees exposed to HBV and HIV due constant to exposure to human body fluid contaminants this section covers such employees as fire rescue, emergency medical services and health care.

B. Policy

Any Department of the County who's employees are exposed to HIV & HBV as a function of their work shall provide an infection control plan as outlined in this Section. Any employee assisting in first aid treatment or CPR shall follow the general guideline of this section. Their supervisor shall be required to coordinate with the personnel department to ensure exposure control and follow up.

11.2 DEFINITIONS

Personal Protective Equipment: in this section is specialized clothing and equipment worn by an employee for protection against infection hazard. General work clothes are not intended to function as protective wear.

Source Individual: means and individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Universal Precautions: is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infected with HIV, HBV and/or other Bloodborne pathogens.

11.3 RESPONSIBILITIES

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A. Exposure Control

Each supervisor having an employee with occupational exposure of reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials shall establish a written Exposure Control Plan.

This plan shall contain exposure determination, the schedule and method of implementation and shall be reviewed and updated annually.

B. Exposure Determination

The Supervisor must provide a list of job classifications to the Safety Office of all job descriptions that are susceptible to occupational exposure. Included in this list shall be all tasks and procedures that employees may have occupational exposure.

C. Method of Compliance

General Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials.

1. Engineering and Work Practice Controls
 - a. Engineering and work practice controls shall be used to eliminate or minimize exposure.
 - b. Where exposure remains the use of PPE is required.
 - c. Hand washing facilities shall be available if not appropriate antiseptic hand cleaner and towelettes shall be available. Employees should wash hands or flush mucus area as soon as possible after exposure.
 - d. All procedures involving potentially infectious materials shall be performed in such a manor to minimize splashing, etc.

2. Personal Protective Equipment (PPE)

Where there is occupational exposure, the County shall provide, at no cost to the employee appropriate personal protective equipment.

The supervisor shall ensure that the employee use appropriate PPE and that it is the appropriate size and is readily accessible at the work site.

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- a. DISPOSABLE gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or if they are torn, punctured, or when their ability to function as a barrier is compromised.
- b. UTILITY gloves may be decontaminated for re-use. They must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration.

3. Housekeeping

Contaminated work surfaces shall be decontaminated with and appropriate disinfectant.

4. Post-Exposure and Follow-up

Following a report of an exposure incident, the supervisor shall make immediately available to the exposed employee a confidential medical evaluation and follow-up including the following elements

- a. Documentation of the route of exposure, and circumstances under which the exposure incident occurred. (Accident Investigation Report)
- b. Identification and documentation of source individual, unless the county can establish that identification is unfeasible or prohibited by state or local law.
- c. The source individual's blood shall be tested according to CFR regulation 1910.1030(f)(3)(ii)(A) or (B)
- d. Results of the source individual's testing shall be made available to the exposed employee. The employee must be informed as to applicable laws regarding disclosure of the identity and infectious status of the source individual.

5. Hepatitis B Vaccination

- a. The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure and post-exposure evaluation and follow-up to all employees who have an exposure incident. These procedures shall comply with 29 CFR 1910.1030 (f)
- b. An employee has the right to decline to be vaccinated against the hepatitis B virus. If an employees chooses to decline they have the

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right to change their request at a later date and receive the HBV vaccine.

c. Any employee that has been determined at risk to come into contact with HBV virus and refuses to take the vaccine they must sign a form that consists of the statement in the 29 CFR 1910.1030 Appendix A. Bloodborne Pathogens: Hepatitis B. Vaccine. This form shall be kept on file in their personnel file.

6. Communication of Hazards to Employees

a. Contaminated substances shall be color coded or labeled and disposed of appropriately.

b. Warning labels shall be affixed to containers of regulated waste, red bags or red containers may substitute for labels.

c. Training of Bloodborne pathogens and Universal precautions shall be taught in the CPR/first aid classes and yearly at safety training meetings.

d. Employee training records shall be kept as the Employee Health Record.